

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000053064

1. Entity Name

TAI PAN INTERNATIONAL TRADE, CORP.

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90864 031 \*\*\*150.00

Principal Place of Business

6945 NW 82ND AVE  
MIAMI FL 33166  
US

Mailing Address

6945 NW 82ND AVE  
MIAMI FL 33166-2766  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

6943 NW 82nd AVE

City & State  
MIAMI FL

Zip  
33166

Country  
US

Suite, Apt. #, etc.

6943 NW 82nd AVE

City & State  
MIAMI FL

Zip  
33166

Country  
US



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0675291

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GIGLI, KATIA A  
4001 S OCEAN DRIVE  
#4C  
HOLLYWOOD FL 33019

Name  
KATIA A. Gigli

Street Address (P.O. Box Number is Not Acceptable)

129 NW 106 AVE.

City  
PLANTATION

FL

Zip Code  
33324

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
GIGLY, KATIA A  
4001 S OCEAN DRIVE /STE 4C  
HOLLYWOOD FL 33019 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/09  
Date

305 385 6505  
Daytime Phone #

CR2E034 (9/99)